



CAPTIVE INSURANCE SECTION

Bill Haslam
Governor

STATE OF TENNESSEE
DEPARTMENT OF COMMERCE & INSURANCE
500 James Robertson Parkway
Nashville, Tennessee 37243
(615) 741-3805

Julie Mix McPeak
Insurance Commissioner

Captive Application (Attach separate sheets if necessary)

A. GENERAL INFORMATION:

1. **Name of Captive**
2. **Owner or Sponsor**
3. **Contact information regarding this applicant**

Name:

Street Address:

City, State and Zip:

Phone Number:

Fax Number:

E-Mail Address:

4. **Indicate Type of Proposed Captive**

Pure	Association	Industrial Insured
RRG	Protected Cell	
SPFC	Branch	

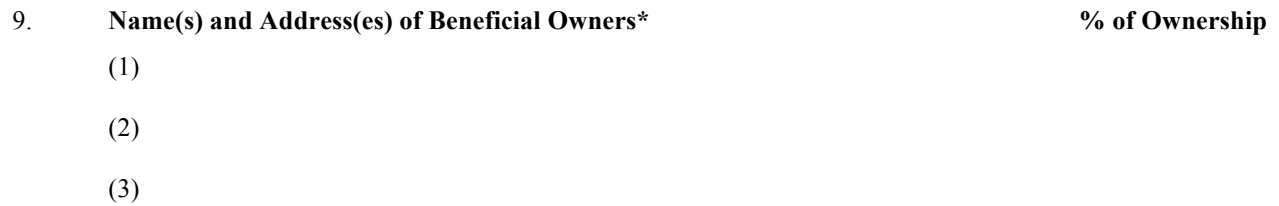
5. **Organization Form**

Stock	LLC
Mutual	Non-Profit
Reciprocal	Series LLC

6. **Principal Place of Business**

7. **Resident Registered Agent**

8. **Location of Books and Records**





15. **SERVICE PROVIDERS**

MANAGEMENT COMPANY

Company Name:

Contact Name:

Street Address:

City, State, Zip:

Phone Number:

Email Address:

CPA

Company Name:

Contact Name:

Street Address:

City, State, Zip:

Phone Number:

Email Address:

ACTUARY

Company Name:

Contact Name:

Street Address:

City, State, Zip:

Phone Number:

Email Address:

ATTORNEY

Company Name:

Contact Name:

Street Address:

City, State, Zip:

Phone Number:

Email Address:

THIRD PARTY ADMINISTRATOR

Company Name:

Contact Name:

Street Address:

City, State, Zip:

Phone Number:

Email Address:

INSURANCE or REINSURANCE BROKER

Company Name:

Contact Name:

Street Address:

City, State, Zip:

Phone Number:

Email Address:



B. COVERAGE/LIMITS/REINSURANCE

Coverage	Direct or Reinsurance	Policy Limits per Occ./Agg.	Claims Made or Occurrence	Amount Reinsured	Reinsured By
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Are Policies assessable?	Yes	No
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Parental Guarantee in place?	Yes	No
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Loan to Parent requested?	Yes	No
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Losses Discounted?	Yes	No
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If so, proposed rate:



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I CERTIFY THAT TO THE BEST OF MY
KNOWLEDGE AND BELIEF, ALL OF THE
INFORMATION GIVEN IN THIS APPLICATION IS
TRUE AND CORRECT AND THAT ALL
ESTIMATES GIVEN ARE TRUE ESTIMATES
BASED UPON FACTS WHICH HAVE BEEN
CAREFULLY CONSIDERED AND ASSESSED.

Officer, Director, or Attorney-in-Fact for a Reciprocal

Date:

Name:

Signature:

Captive Manager

Date:

Name:

Signature: